



For specimen pick up, please call 352-308-8903

Collector's Initials: _____

Date of collection: _____ Time of collection: _____

PATIENT INFORMATION

Name (First, Last), Sex, Birth Date (Month, Day, Year), Social Security#, Hosp./Clinic#, Street Address/Apt.#, City, State, Zip, Phone (Home), (Work)

PHYSICIAN INFORMATION

Empty box for physician information

PRIMARY INSURANCE Self Pay Insurance

SECONDARY INSURANCE None

Please include a copy of insurance card and patient ID. Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip

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HISTOPATHOLOGY REQUEST

CLINICAL Hx

CT/Fluoro

Adrenal, Bone Biopsy, Bone Marrow, CSF, Kidney, Liver, Lymphnode, Lung, Soft Tissue, Tissue, Other. Includes checkboxes for R and L.

Ultrasound

Ascites, Breast, FNA Thyroid, Fluid Aspiration, Kidney, Liver, Lymphnode, Pleural Fluid, Tissue, Other. Includes checkboxes for R and L.

Clinical History/Working diagnosis: _____ Please enclose clinical history from primary physician or hematologist/oncologist who requested the bone marrow procedure.

Recent chemotherapy? Yes No

Recent growth factors? Yes No

Other medications?

Procedure Site: ___Left iliac crest ___Right iliac crest

TESTS REQUESTED:

1. CYTOGENETIC STUDIES (CHROMOSOME ANALYSIS)

- A. Routine
 B. Pathologist's discretion

2. FISH STUDIES (Indicate method and FISH probe (s) requested below)

- A. Pathologist's discretion
 B. Reflex FISH if chromosome analysis is normal

FISH probe (s) requested: _____

3. MOLECULAR STUDIES (Indicate below)

- A. Pathologist's discretion

Molecular studies requested: _____

4. Other studies: _____

Bone Marrow Biopsy

1. CBC Results (enclose the most recent one)
2. Peripheral blood smear: Yes No
- 3a. Bone marrow **Aspirate Smears** (5-6 air dried smears)

AND/OR

- 3b. Bone Marrow **Aspirate** in **LAVENDAR** TOP Tube (EDTA), at least 2 ml. (Dispense a part of the aspirate into the lavender top tube, mix gently several times to avoid clotting). **AND**
- 3c. Keep remaining aspirate in the syringe to clot.
4. Bone Marrow **Aspirate** in **LAVENDAR** TOP Tube (EDTA), at least 2ml. (Dispense the aspirate into the lavender top tube, mix gently several times to avoid clotting). For **FLOW CYTOMETRY, MOLECULAR.**
5. Bone Marrow **Aspirate** in **GREEN** TOP Tube (Sodium Heparin), at least 2-3 ml. (Dispense the aspirate into the green top tube, mix gently several times to avoid clotting). For **CYTOGENETICS, FISH.**
6. Bone Marrow **Core Biopsy**, at least 1.5 cm in length (placed in 10% neutral buffered **FORMALIN** container).

In case, there is **DRY TAP**, please do the following:

1. **Touch Prep** of the **Core Biopsy**. Touch the biopsy to the clean glass slide (submit around 5-10 slides). Do not press the core biopsy hard on the slide. Label the slide with the patient's name and date of birth.
2. Place the **above Core Biopsy** in 10% neutral buffered **FORMALIN** container and label the container.
3. Take **another Core Biopsy**, 1-2 cm in length, and place in **RPMI**, for **FLOW CYTOMETRY.**
4. Take **another Core Biopsy**, 1-2 cm in length, and place in **RPMI**, for **CYTOGENETICS.**
5. Take **another Core Biopsy**, 1-2 cm in length, and place in **RPMI**, for **FISH.**
6. Take **another Core Biopsy**, 1-2 cm in length, and place in **RPMI**, for **LAVENDAR TOP TUBE (EDTA),** for **MOLECULAR.**

Bone Marrow Microbiology Cultures

Place at least 2ml of bone marrow aspirate in a sterile tube (EDTA or Sodium Heparin Non-gel tubes).

Note: It is recommended that the aspiration site for culture should be different from the bone marrow site used for routine studies.